

DR#
1010219

**DCC Delaware Correctional Center**  
**Smyrna Landing Road**  
**SMYRNA DE, 19977**  
**Phone No. 302-653-9261**

Date: 06/30/2004

**DISCIPLINARY HEARING DECISION**

Inmate: Coffield, Anthony X SB# 00123456 Inmate Class: Class II  
Institution: DCC Delaware Correctional Center Hearing Date: 06/29/2004 Time: 11:30

Inmate Present: Yes Reason (If No): N/A

Violation: 1.02/200.201 Assault, 2.06/200.108 Failing to Obey an Order

Inmate PLEA: Not Guilty

Inmate Statement: I didnt assault anyone. I got hit with rock and sock in ear. I was there.

Decision: Not Guilty

Rational: No officers witnessed inmate Coffield assault Inmate Hall. Officer witnessed another inmate assault inmate had in report. Inmate found not guilty

Sanctions: N/A

HEARING OFFICER'S SIGNATURE \_\_\_\_\_

Savage, Larry

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer. I may appeal the decision of a Class I Hearing to the facility administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision.

I ☐ DO ☒ DO NOT INTEND TO APPEAL

INMATE's SIGNATURE \_\_\_\_\_

**ORDER TO IMPLEMENT SANCTIONS**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Inmate does not wish to appeal | <input type="checkbox"/> Appeal has been denied by Commissioner or Designate        |
| <input type="checkbox"/> Sanctions have been modified              | <input type="checkbox"/> Time Limit (72 Hours since hearing) for appeal has expired |

It is here by ordered to implement the sanctions:

Sanctions	Start Date	Days	End Date
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DR #
660219

Date: 6/29/04

DCC Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

**DISCIPLINARY HEARING DECISION**
☒ Class I (Major)    ☐ Class II (Minor)    ☐ Summary (24 Hour LOAP)

Inmate: Coffield, Anthony    SBI#: 00 190392  
Institution: Delaware Correctional Center    Hearing Date: 6/29/04    Time: 1035

Inmate Present: ☒ Yes    ☐ No

Reason (If No): \_\_\_\_\_

Violation: 200.201 ASSAULT 200.108 FTO  
Inmate Plea: not guilty  
Inmate Statement: I didn't assault anyone, I got hit with rock and rock in ear, I was there

Witness Name: \_\_\_\_\_  
Testimony: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Testimony: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Testimony: \_\_\_\_\_

Decision: ☐ Guilty    ☒ Not Guilty    ☐ Further Investigation

Rational: no officers witnessed inmate Coffield assault inmate Hall. Officer witnessed another inmate assault inmate Hall in report. Inmate framed not guilty.

Sanctions: \_\_\_\_\_  
Hearing Officer's Signature L. Lamy & Savage

I understand that I may appeal the decision of the Hearing Officer (or Shift Supervisor in the case of a Summary Sanction) to the Commissioner of Correction or his designee. I must complete a Disciplinary Appeal Form within 72 hours immediately following the hearing and mail it to the DCC Hearing Office.

- ☐ I do intend to appeal.  
☒ I do not intend to appeal.

inmate unable to sign Coffield in rear  
Inmate's Signature

**ORDER TO IMPLEMENT SANCTIONS**

- ☐ Inmate does not wish to appeal    ☐ Appeal has been denied by Commissioner or Designee  
☐ Sanctions have been modified    ☐ Time Limit (72 hours since hearing) for appeal has expired

Modifications: \_\_\_\_\_  
It is hereby ordered to implement the sanctions or modified sanctions on Date: \_\_\_\_\_ Time: \_\_\_\_\_



DR #
1010219

Date: 6/6/04

DCC Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

**NOTICE OF DISCIPLINARY HEARING – FOR MINOR/MAJOR OFFENSE**

To: Inmate: <u>Coffield, Anthony</u>	SBI#: 00 <u>190890</u>	Housing Unit: <u>23</u>
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1. You will be scheduled to appear before the Hearing Office to answer charges pending against you. (Staff are to explain the charges as listed on the 122).
2. At that time, a hearing will be held to determine whether you violated Institutional Rule(s) as alleged in the attached Disciplinary Report.

How do you plead?

☐

Guilty

☒

Not Guilty

3. A "Minor Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Written Reprimand.
  - b. Loss of one or more privileges for a period of time **of more than 24 hours but less than 15 days.**
4. A "Major Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
  - a. Loss of one or more privileges for a period **of more than 15 days but less than 60 days.**
  - b. Confinement to assigned quarters for a period of time not to exceed 30 days.
  - c. Isolation confinement for a period of time not to exceed 15 days.
  - d. Loss of good time for a period of time not to exceed 30 days. (Forfeiture of accumulated good time shall be subject to the approval of the Commissioner or his designee.)
5. You have the rights in the disciplinary process as stated on the lower and back of this page. These have been fully explained to you at the time of this notification.

6. Counsel requested? ☐ Yes ☒ No Name of Counsel: \_\_\_\_\_
7. Confront accuser? ☒ Yes ☐ No
8. Witness requested? ☒ Yes ☐ No Name of Witness: Ym Thomas White  
Ym Merton Melvin  
Ym Coffield Anthony

I certify that on 6/6/04 at 1250,  
(Date) (Time)

I served upon the above inmate this notice of Disciplinary Hearing for Minor/Major Offense and the Disciplinary Report is attached hereto.

Sgt. Michelle Green  
(Employee's Signature & Title)

I have received copies of 122 & 127 and understand my rights as Form #127 has been read to me.

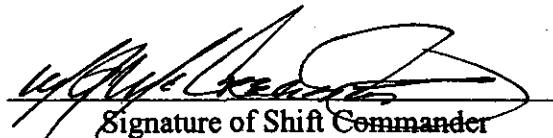
X Anthony X Coffield  
(Inmate's Signature)

## LAWARE CORRECTIONAL CENTER

TO: Inmate Coffield, Anthony, SBI# 00190392  
FROM: Shift Commander CAPT. M. McCREANOR  
DATE: 6/6/04  
SUBJECT: Administrative Transfer

The undersigned believes that you warrant confinement to a more restrictive setting based upon information presented. Consequently, pending review, you are hereby temporarily, administratively transferred to:

<input type="checkbox"/>	Protective Custody		
<input checked="" type="checkbox"/>	Pre-Hearing Detention	<u>201</u> <u>108</u>	<u>Assault</u> <u>FTO</u>
		Offense No.	Offense Title
<input checked="" type="checkbox"/>	Higher Security		

  
Signature of Shift Commander

Attach Supporting Documents/Forms ie: 404, 537, I/M statement, etc.

Copy to: Security Superintendent (Original)  
Institutional Investigator  
Classification  
MDT Chairperson  
Transfer Office  
Temporary Housing Counselor  
Classified Housing Counselor  
File